

The Stop TB Working Group on MDR-TB

Dates	20 - 22 September 2007
Venue	Tbilisi, Georgia ¹
Number of days	Three days in total
Number of participants	100-150; country representatives, community representatives, bilateral and multilateral agencies, international organizations, nongovernmental organizations, the pharmaceutical industry and universities.

Background

The full Working Group on MDR-TB has met five times since 2001:

1. Lima, Peru 2001
2. Tallinn, Estonia 2002
3. Paris, France 2003
4. Versailles, France 2005 (joint with DOTS Expansion and TB/HIV WGs)
5. Atlanta, USA, 2006 (in connection to the PARTNERS Group meeting)

Rationale for a Working Group meeting in 2007

Emergence of XDR-TB in 2006 has highlighted more than ever the need for adequate prevention and control of drug resistant TB. In 2007, major activities are being undertaken at global, regional and country levels to further strengthen basic TB control programmes and provide treatment and care to patients with MDR-TB and XDR-TB, as described in the "Response Plan to MDR-TB and XDR-TB 2007" .

A Working Group meeting in 2007 is crucial to build and sustain the political momentum for MDR-TB and XDR-TB control and strengthen and advance the activities of the Working Group and its subgroups: (1) Core Group, 2) Green Light Committee, 3) Advocacy and Resource Mobilization, 4) Second-line drug management, and 5) Research.

Experience and expertise in the management of DR-TB, fostered by the work of the GLC initiative, continues to grow at an accelerated pace. WHO and the Stop TB Partnership continue to galvanize and streamline necessary processes through strong communication lines with the countries and technical partners. Nevertheless, improvements are needed to strengthen communication and information sharing among country projects, as recognized during the PARTNERS Group and Working Group on MDR-TB meeting in Atlanta, USA, May, 2006. Strengthening the network of TB control programmes with a

¹ Georgia is suggested as venue since all NTP managers and MDR-TB focal points from GLC approved countries in the WHO European Region will already be there for a Global Fund meeting, giving an opportunity for to cut costs significantly.

GLC monitored MDR-TB component, will facilitate knowledge sharing and promote best practices related to the programmatic management of MDR-TB.

This meeting of the Working Group will bring together the projects approved by the GLC to share best practices, as well as and the challenges, to mainstreaming MDR-TB management into routine TB control. The lessons learned in this process will feed the debate on the strategic steps to be taken to accelerate the scale-up of MDR-TB management, according to the Revised MDR-TB component of the Global Plan 2006-2015.

Objectives

1. Assess the lessons learned by National TB Control Programmes in the management of MDR-TB.
2. Assess the lessons learned by the GLC approved projects on the programmatic management of MDR-TB.
3. Discuss strengthening of essential linkages with other programmes/departments within countries and in the global community to improve MDR-TB management.
4. Assess the progress in the implementation of the "Global MDR-TB and XDR-TB Response Plan 2007- 2008".
5. Review progress from the Working Group's subgroups and also from the TB/HIV Working Group's subgroup on Infection Control.
6. Review and, where necessary, revise the global strategy for scaling-up of MDR-TB control, taking into account the identified challenges and the revised version of the Global Plan to Stop TB, 2006-2015 (which may be adapted to the Working Group's operational plan).

Expected outcome

- Strategic guidance from the Working Group on the response to the identified challenges to scaling up MDR-TB and XDR-TB management, specifically how to move from small patient cohorts to national programmes.
- Alignment of the Working Group's operational plan for 2007 to fit developments at country level and the updated Global Plan to Stop TB, 2006-2015 and suggestions on assisting countries realign their national plans for consistency with the guidance in the updated Global Plan.
- Strengthened network of TB and HIV activists, countries, technical partners, international organizations, and donors, all working to implement the MDR-TB component of the Global Plan to Stop TB 2006-2015.
- Increased commitment of current partners to MDR/ XDR-TB control for acceleration and harmonization of activities of the global community, including strengthening of response by bringing in new partners.

Press and media events

Possible launch/release of:

- Updated WHO drug resistance guidelines
- Results of the Survey on the market of second-line anti-TB drugs
- Updated WHO Guidelines for the programmatic management of DR-TB

Below, please find the proposed WG meeting agenda:

Draft Agenda

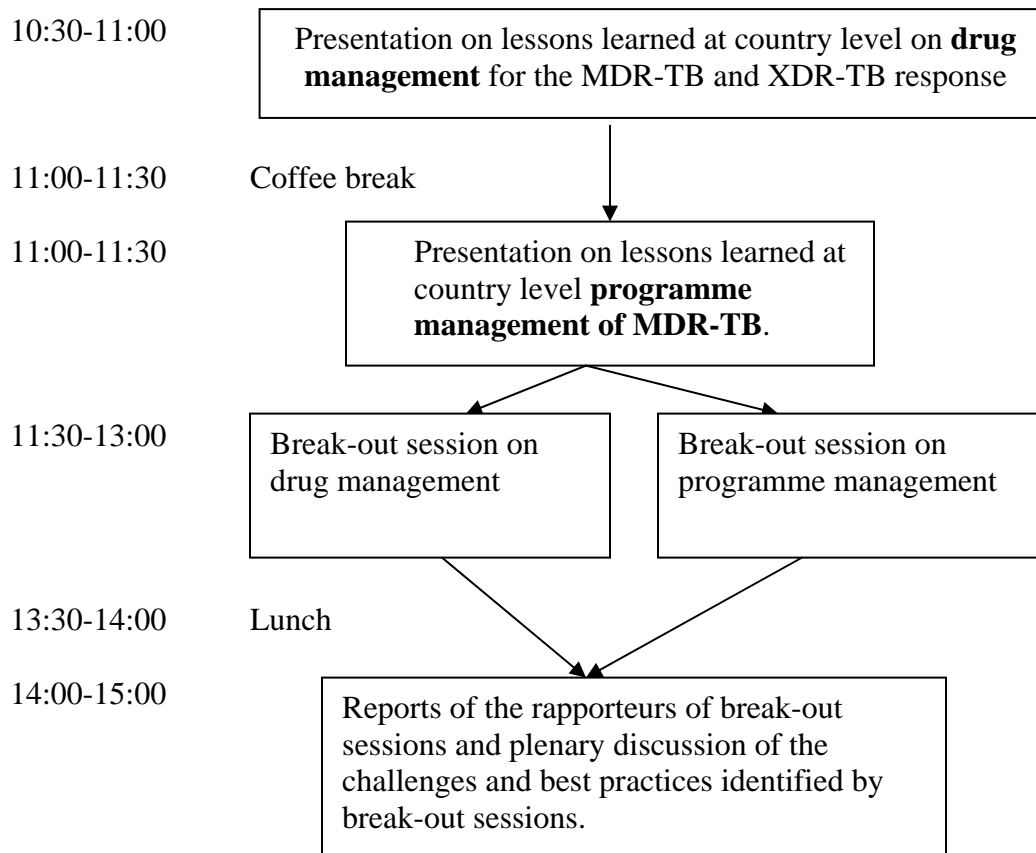
Thursday, 20 September.

Opening

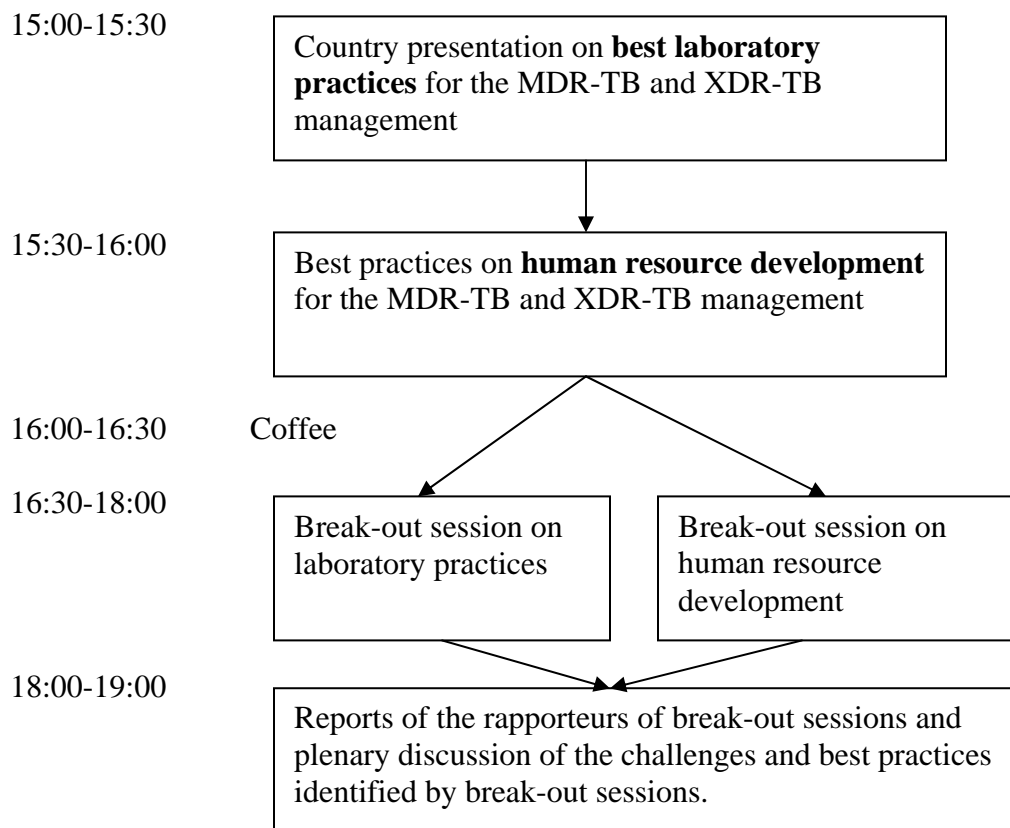
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| 9:00-9:30 | Opening of the meeting and welcoming remarks (T Tupasi, M. Espinal, M Raviglione) |
| 9:30-10:00 | Global situation and challenges of the current MDR-TB and XDR-TB response |
| 10:00-10:30 | Overview of the GLC activities since 2000, including feedback on GLC convergence. |

Best country practices of MDR-TB and XDR-TB response

Session 1

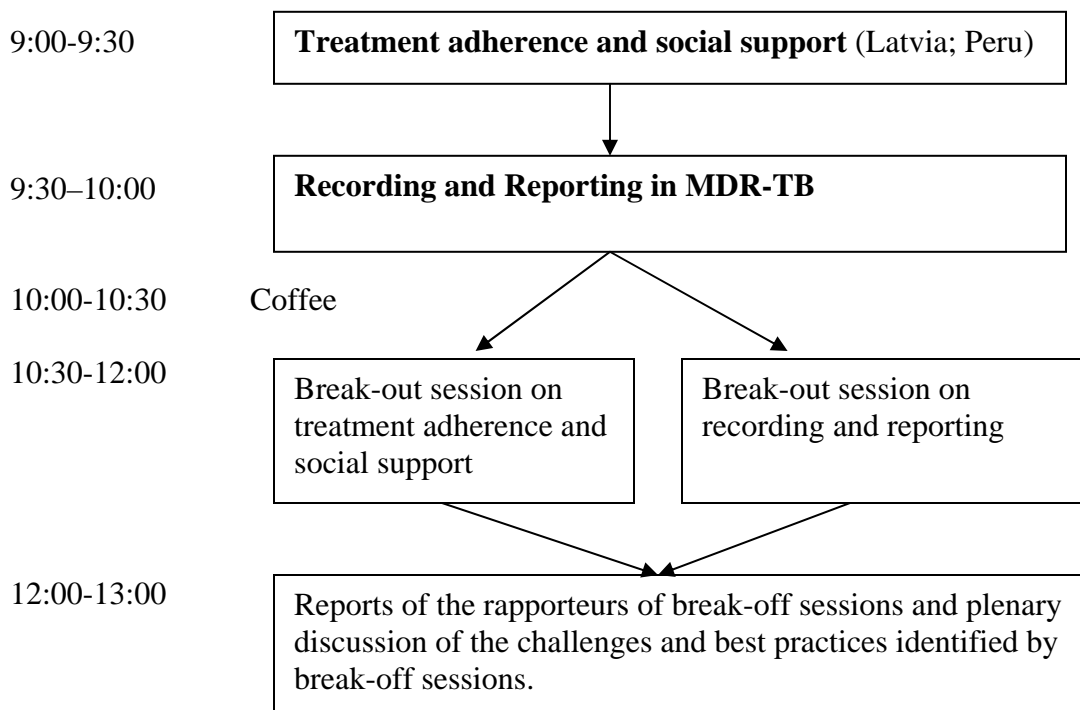


Session 2



Friday, 21 September

Session 3



13:00-14:00 Lunch

Translating best country practices into effective MDR-TB and XDR-TB response

14:00-15:00 Progress reports from the Working Group's subgroups, including the TB/HIV Working Group's subgroup on infection control

15:00-15:30 Discussion

15:30-16:00 Implications of XDR-TB on HIV programmes at country level

16:00-16:30 Discussion

16:30-17:00 Coffee break

17:00-17:30 Drug Resistance Surveillance (Abby)

17:30-18:00 Discussion

18:00-18:30 The updated WHO guidelines on the programmatic management of drug-resistant TB

18:30-19:30 Discussion

Saturday, 22 September

Strategic response of the Working Group on MDR-TB to the identified country challenges

9:00-10:00 Advocacy and resource mobilization for MDR-TB scale-up

10:00-10:30 Discussion

10:30-11:00 Coffee break

11:00-11:30 Stepping up programme management, including infection control and patient-centered care, rights and responsibilities.

11:30-12:00 Discussion

12:00-13:00 Lunch

13:00-13:30	Improving laboratory capacity
13:30-14:00	Discussion
14:00-14:30	Overcoming challenges in human resource capacity
14:30-15:00	Discussion
15:00-15:30	Coffee break
15:30-16:00	Improving drug management
16:00-16:30	Discussion
16:30-17:00	Summary of the outcome of the meeting, final remarks and close of business